

IN CASE OF MISCARRIAGE OR STILLBORN CHILD, A PHYSICIAN OR MIDWIFE MUST BE SECURED FOR EACH, AND THE NUMBER OF EACH

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

176

State File No. 133
Registered No. 4

1. PLACE OF BIRTH

County Gila State _____
District or Township _____ or Village _____
City Hayden No. Mc Govern St. _____ Ward _____

2. Full name of child George Laurence Mc Govern
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth Jan 5, 1930
Month Day Year

8. FATHER Mc Govern
Full name Albert Mc Govern

9. Residence Hayden
(Usual place of residence)
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Brachlettsville
(State or country) Tex

13. Occupation Lawman
Nature of industry

14. MOTHER Mc Govern
Full name Martha Phil

15. Residence Hayden
(Usual place of residence)
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Johnson City
(State or country) Tex

19. Occupation House Wife
Nature of industry

20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead 1
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8:05 A.M. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

Signature Charles B. Smith

(Physician or midwife.)

Given name added from a supplemental report _____

Address Hayden, Arizona

Filed Jan 8, 1930 Registrar W. J. Smith

Registrar.

Registrar.

745-105-473